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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/562,687			ing Date 28/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY	OTHER THAN OR SMALL ENTITY			
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b), (or (cl)	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), o	or (m))	N/A		N/A			N/A		1	N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A			N/A]	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =					x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =		•			X \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawin sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
LNT	06/23/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	· 9	Minus	20		-		x s =		OR	x s =		
	Independent (37 CFR 1.16(h))	- 1	Minus	···4		-		X \$ =		OR	X \$ =		
¥ME	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
E.	Total (37 CFR 1,16())		Minus			-		X \$ =		OR	x s =		
AMENDMENT	Independent (37 OFR 1 16(h))		Minus	***		-	1	X \$ =		OR	X \$ =		
Ξ	Application Size Fee (37 CFR 1.16(s))									1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))									OR			
Γ								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** f	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "ATRINA . TURNER/ "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USFTO to process) an application Condificientity is governed by 38 USE 1.22 and 37 CFR 1.4. This recibited in estimated to their bet 2 minutes to complete, enoughing peparing, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.